PART B - FEE(S) TRANSMITTAL

·Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

| appropriate All further con | rrespondence including the below or directed otherwise | Patent, advance or | ders and not | PUBLICATION FEE (if req diffication of maintenance fees a new correspondence address | will be mailed to the current | correspondence address as | |
|--|---|---|---|--|---|--|--|
| • | DE ADDRESS (Note: Use Block 1 for 590 05/25/2005 NETT, PLLC | OIP | W 35139 | Fee(s) Transmittal. T papers. Each additio have its own certifica | of mailing can only be used finis certificate cannot be used nal paper, such as an assignmate of mailing or transmission. ertificate of Mailing or Tranthis Fee(s) Transmittal is bein | for any other accompanying ent or formal drawing, must | |
| RALEIGH, NC 27 | 602 | JUN 20 | ربع 2005 | States Postal Service addressed to the M | this Fee(s) Transmittal is bein with sufficient postage for fin ail Stop ISSUE FEE address PTO (703) 746-4000, on the | rst class mail in an envelope above, or being facsimile | |
| 06/22/2005 MBEYENE2 000 | 000047 090461 09459 | 187 | , E | transmitted to the US | SPTO (703) 746-4000, on the | (Depositor's name) | |
| 01 FC:1501 1400.0 | PRADE | AARK | | | (Signature) | | |
| | | | | | | (Date) | |
| | | | | | | | |
| APPLICATION NO. | FILING DATE | FIRST NAMED | | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 09/459,187 TITLE OF INVENTION: T | 12/10/1999 IME STAMPING METHOI | | | D PEYRAVIAN IATURE KEY | P-4541.006 | 9759 | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | | \$0 | \$1400 | 08/25/2005 | |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | | | |
| SIMITOSKI, MICHAEL J | | 2134 | | 713-178000 | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) | | | | |
| PLEASE NOTE: Unless recordation as set forth in | an assignee is identified be a 37 CFR 3.11. Completion | elow, no assignee of this form is NO | data will app T a substitute | pear on the patent. If an assignment. | gnee is identified below, the o | document has been filed for | |
| (A) NAME OF ASSIGN | EE | (В |) RESIDEN | CE: (CITY and STATE OR CO | OUNTRY) | NK. | |
| INTERNAT: | ional Busine | SS MACHI | NES CO | r poration | | york | |
| Please check the appropriate | e assignee category or catego | ries (will not be pr | inted on the p | patent): 🗖 Individual 🛣 | Corporation or other private gr | • | |
| 4a. The following fee(s) are | enclosed: | 4b | . Payment of | f Fee(s): | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| ` | | | | A check in the amount of the fee(s) is enclosed. | | | |
| | ed) | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| Advance Order - # or | | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). | | | | | |
| | (from status indicated above MALL ENTITY status. See | • | D b. Applie | cant is no longer claiming SM. | ALL ENTITY status. See 37 C | CFR 1.27(g)(2). | |
| | | | | ny) or to re-apply any previou le other than the applicant; a re | | | |
| Authorized Signature | Divid & B | nnet | | | JUNE 16, 2 | | |

Typed or printed name DAVID E. BENNETT

Date JUNE 16, 2005 Registration No. 32, 194

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.